## **DOCTOR'S PERMISSION FORM**

## City of Lansing 2007 Firefighter Selection Process

I certify that	is physically able to undergo the lity Test, which includes strenuous running, lifting and pulling
Name of Physician (Please Print)	Signature of Physician
	Date**
** This form must be dated on or aft Forms dated prior to October 1, 2	
	ed and submitted to the City of Lansing Human Resources 00 p.m. Friday, March 23, 2007 in order for candidates who

meet the minimum posted requirements to be further considered. Candidates whose forms are received after March 23, 2007 will not be further considered in the 2007 Firefighter

selection process.